

MAY 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13122
1841

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>125 North Quincy</u>		d. STREET ADDRESS (If rural, give location) <u>125 North Quincy</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>T.</u> c. (Last) <u>SHEA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>9-2-81</u>
9. AGE (In years last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Yard Master (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Burlington RR</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>East St. Louis, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Daniel Shea</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Faherty</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>707-07-6785</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carl Batliner, 125 N. Quincy, KC, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Patellar Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid Arthritis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>		19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from <u>July 18, 1948</u> , to <u>April 20, 1952</u> that I last saw the deceased alive on <u>March 7, 1952</u> , and that death occurred at <u>6:20 P.M.</u> , from the causes and on the date stated above.			
22a. SIGNATURE <u>P. A. Kienberger, MD</u>		22b. ADDRESS <u>5242 St John</u>	
22c. DATE SIGNED <u>4-21-52</u>		22d. SIGNATURE <u>Geraldine Holmes</u>	
22e. ADDRESS <u>Melody-McGilley-Eylar, Kansas City, Mo.</u>		22f. DATE REC'D BY LOCAL REG. <u>4-22-52</u>	
22g. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22h. DATE <u>4-23-52</u>	
22i. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		22j. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
22k. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>		22l. ADDRESS <u>Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Adrian J. Still

Licensed Embalmer No. 4582

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.